

ANNUAL STATEMENT
For the Year Ending December 31, 2011 OF THE CONDITION AND AFFAIRS OF THE

Advantage Healthplan Inc.

NAIC Group Code	0000 ,	0000	NAIC Company Code _	95803	Employer's ID Number	52-1789742		
	(Current Period)	(Prior Period)						
Organized under the Laws of District of Colu		strict of Columbia	, State of Dom	icile or Port of Entry	District o	of Columbia		
Country of Domicile	Unite	d States of America						
Licensed as business type:	Life, Accident & Health Dental Service Corpora Other[]	ation[] Vision	ty/Casualty[] Service Corporation[] D Federally Qualified? Yes[] N	Health I	I, Medical & Dental Service or Inc Maintenance Organization[X]	emnity[]		
Incorporated/Organized		07/31/1992	Comm	enced Business	11/01/199	4		
Statutory Home Office	5335	Wisconsin Ave., N.W., Suite	e 440 ,		Washington, DC 20015			
Main Administrative Office		(Street and Number)		ve., N.W., Suite 44	(City or Town, State and Zip Code 0	')		
	Maghine	eton DC 2001E	(Street a	nd Number)	(202)460.9404			
		gton, DC 20015 ate and Zip Code)			(202)460-8191 (Area Code) (Telephone Num	hber)		
Mail Address	(only or rounn, or	P.O. Box 9596	,		Washington, DC 20016			
		Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books a	and Records			nsin Ave., N.W., Su	uite 440			
	Weekington	DC 2001E	(8	Street and Number)	(202)460 9404	(000)400 0404		
		n, DC 20015 rate and Zip Code)			(202)460-8191 (Area Code) (Telephone Num	hher)		
Internet Website Address	(5.5) 5. 75, 5.	ato and Exp obacy			(and dodd) (colophone rian			
Statutory Statement Contac	t	Clinton E Jones			(202)243-0564			
		(Name)			(Area Code)(Telephone Number)(E	extension)		
		ealthplan.com			(202)521-4044			
	(E-Mail	Address)	05510550		(Fax Number)			
			OFFICERS					
		Nam	e Title					
		Elliot R. Woli Clinton E Joi		icer				
			OTHERS					
		DIDE	CTORS OR TRUST	EEG				
		Elliot R. Wolff	JIOKS OK IKUSI	EES				
State of County of	SS							
were the absolute property of the	said reporting entity, free and	clear from any liens or claims th	ereon, except as herein stated, and	that this statement, tog	eporting period stated above, all of the ether with related exhibits, schedules	and explanations therein		
					f the reporting period stated above, an			
•	•			_	es and Procedures manual except to the f their information, knowledge and belied.			
	- '			_	hat is an exact copy (except for format			
	•		egulators in lieu of or in addition to the					
	(Signature)		(Signature)		(Signature)			
	liot R. Wolff		Clinton E Jones		(Drinted News)			
(F	Printed Name) 1.		(Printed Name) 2.		(Printed Name) 3.			
	President		Chief Financial Officer		U .			
	(Title)		(Title)		(Title)			
Subscribed and sworr	n to before me this	a le th	is an original filing?		Yes[X] No[]			
day of	, 2012			number	100[7] 110[]			
		5. 11 110	2. Date filed			_		
			Number of pages attach	ched	-	_		
					-	_		

(Notary Public Signature)

17	Exhibit 1 - Enrollment By Product TypeNONE
18	Exhibit 2 - Accident and Health PremiumsNONE
19	Exhibit 3 - Health Care ReceivablesNONE
20	Exhibit 4 - Claims UnpaidNONE
21	Exhibit 5 - Amounts Due From ParentNONE
22	Exhibit 6 - Amounts Due to ParentNONE
23	Exhibit 7 - Pt1 - Summary Trans. With ProvNONE
23	Exhibit 7 - Pt 2 - Summary Trans. With IntermNONE
24	Exhibit 8 - Furniture and Equipment Owned NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code		BUSINESS IN TH	IE STATE OF DIS	TRICT OF COLU	MBIA DURING TI	HE YEAR			NAIC Company	Code 95803
	1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
							Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
3. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NA							NAIC Company	Code 95803			
		1	1 Comprehensive (Hospital & Medical)			5	6	7	8	9	10
			2	3				Federal			
								Employees			
					Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
TOT	AL Members at end of:			·		-					
1.	Prior Year										
2.	First Quarter										
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months										
TOT	AL Member Ambulatory Encounters for Year:										
7.	Physician										
8.	Non-Physician										
9.	TOTAL										
10.	Hospital Patient Days Incurred										
11.	Number of Inpatient Admissions										
12.	Health Premiums Written (b)										
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Property/Casualty Premiums Written										
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services										
18.	Amount Incurred for Provision of Health Care Services										

30	Schedule S - Part 1 - Section 2NONE
31	Schedule S - Part 2 NONE
32	Schedule S - Part 3 - Section 2NONE
33	Schedule S - Part 4NONE
34	Schedule S - Part 5NONE
35	Schedule S - Part 6NONE

37	Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written NONE
38	Schedule Y - Part 1 NONE
39	Schedule Y - Part 1A NONE
33	Ochedule 1 -1 alt IA
40	Schedule Y - Part 2 NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Will an actuarial opinion be filed by March 1? Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes Waived Yes Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? **APRIL FILING** Will Management's Discussion and Analysis be filed by April 1? Yes Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes JUNE FILING Will an audited financial report be filed by June 1? Yes Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes **AUGUST FILING** 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No No No Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

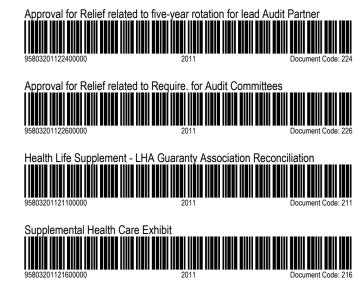
Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of No domicile and electronically with the NAIC by March 1?

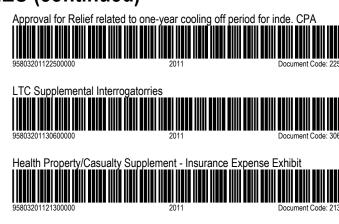
Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No No 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No **APRIL FILING** 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No No Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by No **AUGUST FILING** 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes **Explanations**: 0 3. 0 4. 0 Bar Codes:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)





OVERFLOW PAGE FOR WRITE-INS

STATEMENT OF REVENUE AND EXPENSES

	Currer	Prior Year	
	1	2	3
	Uncovered	Total	Total
1404.			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			

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INDEX TO HEALTH ANNUAL STATEMENT

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